FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2019 DCJ 18 PM 1:59

1.	NAME OF COMMITTEE (in full)	TYP	E OR PRINT ▼		ample: If typing er the lines.	, type	12FE4M5	
. т	OGETHER WE 1	THRIVE						•
نــا				1 1 1 1 1				
		<u> </u>		1111	· . <u>- </u>			
ΑD	DRESS (number and stre		433 LITHIA PINEC	REST RD			 	
•	Check if different	i	TE 198					
	than previously reported. (ACC)	Ľ	/ALRICO			لــــا	FL 33596	أسا-لسنا
2.	FEC IDENTIFICATION	N NUMB	ER ▼	CITY A			STATE A	ZIP CODE A
	C C00522458			3. IS THIS REPORT	. ≭ (N)		AMENDED (A)	
4.	TYPE OF REPOR (Choose One)	Т ((b) Monthly Report	Feb 20 (M2)) Ma	ay 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	:	Due On:	Mar 20 (M3)) Ju	n 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
				Apr 20 (M4)	Ju	l 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	April 15 Quarterly Re _l	port (Q1)	(c) 12-Day		Primary (12P)		General (12G)	Runoff (12R)
	July 15 Quarterly Rej	port (Q2)	PRE-Elec	tion				
	October 15		Report fo	r the:	Convention (12	2C)	Special (12S)	
	Quarterly Rep January 31 Year-End Rep			Election on	м м /	ו פֿ ט	Y Y Y	in the State of
٠	July 31 Mid-1		(d) 20 Day				· · · · · · · · · · · · · · · · · · ·	
	Report (Non- Year Only) (N	election	(d) 30-Day POST-Ele		General (30G)		Runoff (30R)	Special (30S)
	Termination F (TER)	Report	Report fo	r trie:	M M /	ו ס ס	Y Y Y Y	in the
	(IEN)		1	Election on				State of
5.	Covering Period	м м 07	0 0 1 Y	y y y 2019	through	м м 09	30 Y Y 20	Y Y 19
•	ertify that I have examinate or Print Name of Tre	Z	eport and to the Zullo, Christopher,		owledge and be	elief it is tru	ie, correct and comple	te.
Sig	nature of Treasurer	Zullo, Chr	istopher, , ,			D	M M / D Pate 10 15	D / Y Y Y Y Y 2019
	TE. C. baring a set of			ta anno atta o			da Barrad Ar di cici del	(50 11 0 0 0 00000
NO	····	erroneous	, or incomplete inf	formation may s	ubject the perso	n signing th		es of 52 U.S.C. § 30109.
l	Office Use							FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

P15 AND DISBURSEMENTS
Page 2

Write or Type Committee Name

TOGETHER WE THRIVE

Report Covering the Period:

From:

07

01

2019

To:

ິ ດຊຶ

30

2019

COLUMN A
This Period

COLUMN B Calendar Year-to-Date

		Inis Period	Calendar Year-to-Date		
6.	(a) Cash on Hand v v v v January 1, 2019		0.00		
	(b) Cash on Hand at Beginning of Reporting Period	, , 0.00			
	(c) Total Receipts (from Line 19)	45812.88	45812.88		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, 45812.88	45812.88		
7.	Total Disbursements (from Line 31)	45812.88	45812.88		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00		
g .	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, 0.00			
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00			

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100



DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

TOGETHER WE THRIVE

<u>;</u>	I. Receipts		LUMN A This Period	COL Calendar	UMN E Year-to	
11.	Contributions (other than loans) From:					
	(a) Individuals/Persons Other					
	Than Political Committees		45460.00			45400.00
	(i) Itemized (use Schedule A)	•	45162.88	, .	1	45162 _. 88
	(ii) Unitemized		650,00			650.00
	(iii) TOTAL (add	ı	1	,	'	•
	Lines 11(a)(i) and (ii)		45812.88			45812.88
	Lines Tr(a)(i) and (ii)	,	,	,	,	•
	(b) Political Party Committees	,	0.00	. ,	,	0.00
	(c) Other Political Committees		•	•		
	(such as PACs)		0.00		,	0.00
	(d) Total Contributions (add Lines	·	•	•	•	
	11(a)(iii), (b), and (c)) (Carry					
	Totals to Line 33, page 5)▶	,	, 45812.88	1	,	45812.88
2.	Transfers From Affiliated/Other	·	•	•		
	Party Committees		0.00	, .	,	0.00
	·	·	0.00			0.00
3.	All Loans Received		0.00	,	1	0.00
4	Loan Repayments Received		0.00			0.00
	Offsets To Operating Expenditures		•	,	•	•
J.	(Refunds, Rebates, etc.)		•			
	(Carry Totals to Line 37, page 5)		0.00			0.00
6	Refunds of Contributions Made	r	•	,	,	•
0.	to Federal Candidates and Other					
	Political Committees		0.00			0.00
7	Other Federal Receipts	•	1	,	,	9;00
٠.	(Dividends, Interest, etc.)		0.00			0.00
я	Transfers from Non-Federal and Levin Funds	1	, 0.00	1	•	
٥.	(a) Non-Federal Account	•	•	•		
	(from Schedule H3)		0.00			0.00
	(,	•	1	,	•
	(h) Lovin Funds: (from Schodule HE)		0.00			0.00
	(b) Levin Funds (from Schedule H5)	•	1	1	1	•
	(c) Total Transfers (add 18(a) and 18(b))		0.00			0.00
	(10) 101111 1111111111111111111111111111		•	1	ı	•
			,	•		
9.	Total Receipts (add Lines 11(d),			-		
	12, 13, 14, 15, 16, 17, and 18(c))▶		45812.88			45812.88
		ı	1	•	,	•
0	Total Federal Receipts					
٠.	(subtract Line 18(c) from Line 19)▶		45812.88			45812.88
	(00000000 Ento 10(0) 11011 Ento 10) 11111	1	,	,		

DETAILED SUMMARY PAGE of Disbursements

	C	24	/Day	05/00101
(;	FORM	ЗX	(Rev	05/2016)

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4 COLUMN B Calendar Year-to-Date		
II. Disbursements	COLUMN A Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	iolai IIIIs Feliou	Calendar Year-10-Date		
(i) Federal Share	0.00	, 0.00		
(ii) Non-Federal Share	0.00	, 0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
. Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00		
. Independent Expenditures	45812.88	45812.88		
(use Schedule E)	0.00	· .		
	, , , , , , , , , , , , , , , , , , ,	, 0.00		
5. Loan Repayments Made	, 0.00	, , 0.00		
7. Loans Made	0.00	, 0.00		
Than Political Committees	, 0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
9. Other Disbursements (Including	•			
Non-Federal Donations)	, 0.00	, 0.00		
 Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6)))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	, , ,		
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	, 0.00		
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		45812.88		
22. Total Federal Disbursements	45812:88	45812.68		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	•			
from Line 31)	, 45812.88	, 45812,88		

DETAILED SUMMARY PAGE of Disbursements

FEC	Form	3X	(Rev.	05/2016	Ì

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period		COLUMN B Calendar Year-to-Date		
Total Contributions (other than loans) (from Line 11(d), page 3)		45812.88	ı	45812.88	
I. Total Contribution Refunds (from Line 28(d))	1	0.00		, 0.00	
Net Contributions (other than loans) (subtract Line 34 from Line 33)		45812.88	<i>r</i>	45812.88	
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1	0.00		0.00	
Offsets to Operating Expenditures (from Line 15, page 3)	.,	0.00	,	0.00	
Net Operating Expenditures (subtract Line 37 from Line 36)	,	0.00		0.00	

10-21-0N-00299%	019
00299%	0
00299%	2
0299%	0
Š	029955

TEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page			
TEMIZED RECEIPTS for each category of the Detailed Summary Page			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting common or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such correct or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such correct or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such correct or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such correct or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such correct or for the purpose of soliciting committee. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	· _ ·		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting conforcommercial purposes, other than using the name and address of any political committee to solicit contributions from such corfor commercial purposes, other than using the name and address of any political committee to solicit contributions from such corformation (and the propose of soliciting conformation for the purpose of soliciting conformation for incommercial purposes, other than using the name and address of any political committee to solicit contributions from such corformation for incommercial purpose of soliciting conformation for incommercial purposes of soliciting consistent purposes of any political committee to solicit contributions from such consolidation Name Date of Receipt Memoritien Date of Receipt Memoritien Memoritien Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggre	12 		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such core NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Contribution, Uniternized, , ,	16 17		
TOGETHER WE THRIVE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A Contribution, Uniternized,			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Contribution, Uniternized, , , Malling Address City State Zip Code Transaction ID: SA11AL4112 Amount of Each Receipt this Pe FEC ID number of contributing (ederal political committee. Name of Employer (for Individual) Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ City Chandler FEC ID number of contributing eneral Other (specify) ▼ State Zip Code AZ S225 Transaction ID: SA11AL41104 Amount of Each Receipt this Pe Agoregate Year-to-Date ▼ O7 16 20: Transaction ID: SA11AL4104 Amount of Each Receipt this Pe Transaction ID: SA11AL4104			
A. Contribution, Unitemized, , Mailing Address City State Zip Code Transaction ID : SA11AL4132 Amount of Each Receipt this Potential price of the contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify) ▼ State Zip Code Transaction ID : SA11AL4104 Amount of Each Receipt this Potential price of the contributing federal political committee. City Chandler FEC ID number of contributing federal political committee. FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Consultant Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ OT 16 20 Transaction ID : SA11AL4104 Amount of Each Receipt this Potential Primary General Other (specify) ▼ OT 26 20 Transaction ID : SA11AL4104 Date of Receipt Date of Receipt Memo Item Date of Receipt Transaction ID : SA11AL4104 Amount of Each Receipt this Potential Primary General Other (specify) ▼ OT 26 20 Transaction ID : SA11AL4104 Date of Receipt Sand			
City State Zip Code Transaction ID: SA11AL4132 Amount of Each Receipt this Present political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ O7 16 20: Transaction ID: SA11AL4102 Amount of Each Receipt this Present primary General Other (specify) ▼ Aggregate Year-to-Date ▼ O7 16 20: Transaction ID: SA11AL4102 Transaction ID: SA11AL4102 Amount of Each Receipt this Present primary General State S225 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Az S225 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) QualiMente LLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item Aggregate Year-to-Date ▼ Date of Receipt this Present primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Temperature of Individual (Last, First, Middle Initial) or Full Organization Name Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Temperature of Individual (Last, First, Middle Initial) or Full Organization Name Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name The Massing, Debra, , , Date of Receipt Temperature of Primary General State			
Transaction ID : SA11AI.4132 Amount of Each Receipt this Potential political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kuenzli, Stephen Mailing Address 1290 N Concord Ave City State Zip Code AZ 85225 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) City State Zip Code AZ 85225 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) QualiMente LLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Name of Individual) QualiMente LLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Memo Item Date of Receipt This Potential Potent	Y Y		
Amount of Each Receipt this Per FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Aggregate Year-to-Date ▼	19		
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Other (specify) ▼	riod		
Name of Employer (for Individual) Receipt For: Other (specify) ▼			
Receipt For: Primary	062.88		
Primary General Other (specify) ▼			
Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 8. Kuenzli, Stephen, , , Mailing Address 1290 N Concord Ave City Chandler FEC ID number of contributing federal political committee. Name of Employer (for Individual) QualiMente LLC Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Date of Receipt Transaction ID: SA11AL4104 Amount of Each Receipt this Peter Secretary in the pete			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 8. Kuenzli, Stephen, , , Mailing Address 1290 N Concord Ave City Chandler State Chandler Ch			
Aggregate Year-to-Date Date of Receipt M M / D D / Y Y O7 16 20			
Mailing Address 1290 N Concord Ave City Chandler State AZ State Cip Code R5225 FEC ID number of contributing federal political committee. Name of Employer (for Individual) QualiMente LLC Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Memo Item Date of Receipt Memo Item Date of Receipt Memo Item Date of Receipt Memo Item Complete of Receipt Memo Item State Messing, Debra, , , Mailing Address 350 5th Avenue State Zip Code Transaction ID : SA11AI.4110	N-13-1		
City Chandler State AZ AZ State AZ			
Chandler AZ 85225 Amount of Each Receipt this Perfect ID number of contributing federal political committee. Name of Employer (for Individual) QualiMente LLC Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name Messing, Debra, , , Mailing Address 350 5th Avenue City State Zip Code Transaction ID : SA11AI.4110			
FEC ID number of contributing federal political committee. Name of Employer (for Individual) QualiMente LLC Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Messing, Debra, , , Mailing Address 350 5th Avenue City State Zip Code Transaction ID : SA11AI.4110			
Name of Employer (for Individual) QualiMente LLC Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Messing, Debra, , Mailing Address 350 5th Avenue City State Zip Code Transaction ID : SA11AI.4110	riod		
QualiMente LLC Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Messing, Debra, , , Mailing Address 350 5th Avenue City State Zip Code Transaction ID : SA11AI.4110	250.00		
QualiMente LLC Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Messing, Debra, , , Mailing Address 350 5th Avenue City State Zip Code Transaction ID : SA11AI.4110			
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Messing, Debra, , , Mailing Address 350 5th Avenue City State Zip Code Transaction ID : SA11AI.4110			
Primary General Other (specify) ▼ , , 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Messing, Debra, , , Mailing Address 350 5th Avenue City State Zip Code Transaction ID : SA11AI.4110			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Messing, Debra, , , Mailing Address 350 5th Avenue City State Zip Code Transaction ID : SA11AI.4110			
Messing, Debra, , , Mailing Address 350 5th Avenue M M / D D / Y Y O Transaction ID : SA11AI.4110			
Mailing Address 350 5th Avenue M M D D Y Y Y OT 26 20 City State Zip Code Transaction ID : SA11AI.4110			
07 26 20 City State Zip Code Transaction ID : SA11Al.4110			
No. West	9 9		
No. West	1		
	riod		
FEC ID number of contributing federal political committee.	250.00		
Name of Employer (for Individual) Occupation (for Individual) Memo Item			
Self Actor			
Receipt For: Aggregate Year-to-Date ▼			
Primary General			
Other (specify) 250.00			

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 7 OF 4 (check only one) # 11a
<u> </u>		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			
Full Name of Individual (Last, First, Middle I	nitial) or Full Or	ganization Name	Date of Receipt
Mailing Address 2915 Ebbtide Rd.			мм/ о л / Y Y Y Y 09 11 2019
City	State	Zip Code	Transaction ID : SA11AI.4124
Corona Del Mar	CA	92625-1405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		, , , 1000.00
Name of Employer (for Individual) Self-Employed	-1	pation (for Individual) Employed	Memo Item
Receipt For: Primary General Other (specify) ▼		rear-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle In Osborn, Hugh, , ,	nitial) or Full Or	ganization Name	Date of Receipt
Mailing Address 115 Interlaken Avenue			M M / D D / Y Y Y Y O9 30 2019
City New Beshells	State NY	Zip Code	Transaction ID : SA11Al.4130
New Rochelle FEC ID number of contributing federal political committee.	С	10801	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self		pation (for Individual) sultant	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00	`
Full Name of Individual (Last, First, Middle I Pilant, Darrell, , ,	nitial) or Full Or	ganization Name	Date of Receipt
Mailing Address 15759 Pauma Valley Drive			09 26 2019
City Pauma Valley	State CA	Zip Code 92061	Transaction ID : SA11AI.4127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	. C		, , , , 250.00
Name of Employer (for Individual) Caesars Entertainment	Occu SVP	pation (for Individual)	Memo Item
Receipt For: Pnmary General Other (specify)	Aggregate \	Year-to-Date ▼ 250.00	

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF 40 Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X 11a 12 11c **Detailed Summary Page** 13 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Richardson, Patricia C, , , Date of Receipt Mailing Address 2029 Century Park East Suite1500 2019 City State Zip Code Transaction ID: SA11AI.4112 CA 90067 Los Angelous Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item Lifetime Actress Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, James, , , Date of Receipt Mailing Address 7212 Burtonwood Drive 10 2019 State Zip Code Transaction ID: SA11AL4123 VA Alexandria 22307 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self Health Policy Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sutton, Eliza, , , Date of Receipt Mailing Address 15815 35th Ave NE 2019 City State Zip Code Transaction ID: SA11AI.4108 Lake Forest Park ·WA 98155 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University of Washington Associate Professor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 40 (check only one)	
Annietowalia		L	13 14 15 16 17	
Any information copied from such Reports or for commercial purposes, other than using	and Statements mang the name and a	ay not be sold or used by any address of any political committed	person for the purpose of soliciting contributions ee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		,		
Full Name of Individual (Last, First, Middle Initial) or F Sutton, Eliza, , , Mailing Address 15815 35th Ave NE		organization Name	Date of Receipt .	
			M M / D D / Y Y Y Y Y 08 21 2019	
City , Lake Forest Park	State WA	Zip Code 98155	Transaction ID : SA11AI.4118 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		, , , 250.00	
Name of Employer (for Individual) University of Washington	1	upation (for Individual) ociate Professor	Memo Item	
Receipt For: Primary General	Aggregate	Year-to-Date ▼		
Other (specify) ▼		500.00		
Full Name of Individual (Last, First, Midd. Sutton, Eliza, , ,	dle Initial) or Full O	Organization Name	Date of Receipt	
Mailing Address 15815 35th Ave NE			M M / D D / Y Y Y Y O 09 21 2019	
City	State	Zip Code 98155	Transaction ID : SA11AI.4126	
Lake Forest Park FEC ID number of contributing federal political committee.	C	90133	Amount of Each Receipt this Period	
Name of Employer (for Individual) University of Washington		upation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00		
Full Name of Individual (Last, First, Midd	dle Initial) or Full C	Organization Name	Date of Receipt	
Mailing Address			M M I D D I Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		, , ,	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼		
SUBTOTAL of Receipts This Page (option	al)		> , , 500.00	
TOTAL This Period (last page this line nu	mber only)		45162.88	

TEM	IZED INDEPENDENT EXPENDITURES				PAGE 10	OF 40 OF FORM 3X
NAME	OF COMMITTEE (In Full)				FEC IDENTIFICATION	
TO	GETHER WE THRIVE				C C00522458	
					M M / D D /	· · · · ·
Check	t if 24-hour report 48-hour report	New repo	rt Amends repo	ort filed		
	ll Name of Payee Harvey, Jaalin, , ,		☐ Memo	Item	Date of Public Distribution/I	Dissemination
	,				M ₀₉ / 30 /	Y Y Y Y 2019
M	ailing Address 7179 Lake Carlisle Blvd				Amount	
Ci	tv	State	Zip Code			750.00
ĺ	riando	FL	32829		Transaction ID : SE.4256 Date of Disbursement or O	
	urpose of Expenditure Online Marketing		Category/ Type 004	1	M M / D D / 09 30	
N	ame of Federal Candidate:		Support	Office	Sought: House	District:
М	cConnell, Mitch , , ,		✗ Oppose		President Senate	State: KY
	Calendar Year-To-Date Per Election for Office Sought	,	750.00	Disbu 2020	sement For:	✗ General
	ıll Name of Payee Harvey, Jaalin, , ,	,	☐ Memo	Item	Date of Public Distribution/I	Dissemination
ļ					MO9 30 /	2019
M	ailing Address 7179 Lake Carlisle Blvd				Amount	
Ci	ty	State	Zip Code		1 1	750.00
	Priando	FL	32829		Transaction ID : SE.4260 Date of Disbursement or O	bligation
Pu	urpose of Expenditure Online Marketing	·	Category/ Type 004		M M / D D /	y y y y y 2019
N	ame of Federal Candidate:		Support	Office	Sought: House	District:
C	ollins, Susan , , ,				President Senate	State: ME
	Calendar Year-To-Date		750.00	Disbu 2020	sement For: Primary	✗ General
	Per Election for Office Sought	, ,		2020	Other (specify)	
(a)	SUBTOTAL of Itemized Independent Expenditures			. •	, ,	1500.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	res		. ▶	, · ,	
(c)	TOTAL Independent Expenditures			•		
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidaty committee) any political party committee or its	ate or authorized				
	Zullo, Christopher, , ,		_ Date	м э 10	M / D D / Y Y 15 201	y y 9
	Signature					

TE	EMIZED INDEPENDENT EXPENDITURES	8				GE 11 OF 40 OR LINE 24 OF FORM 3X
N/	AME OF COMMITTEE (In Full)					NTIFICATION NUMBER V
T	OGETHER WE THRIVE					00522458
Cł	neck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed o		0
	Full Name of Payee Harvey, Jaalin, , ,		☐ Memo	Item	Date of Public D	istribution/Dissemination
					M 09 /	D 30 ' Y Y Y Y Y Y
	Mailing Address 7179 Lake Carlisle Blvd				Amount	
	City	State	Zip Code		,	750.00
	Orlando	FL	32829		Transaction ID:	: SE.4262 ement or Obligation
	Purpose of Expenditure Online Marketing		Category/ Type 004	ı		D D / Y Y Y Y Y 30 2019
	Name of Federal Candidate:	·····	Support	Office	Sought: I	House District:
	Tillis, Thom , , ,		X Oppose		President 🗶	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	j . j	750.00	Disbur 2020	sement For:	Primary General ify) ▶
	Full Name of Payee Harvey, Jaalin, , ,		☐ Memo	Item	•	istribution/Dissemination
	Mailing Address 7470 Late Codicte Blad		 	-		30 ' Y Y Y Y Y Y
	7179 Lake Carlisle Blvd				Amount	
1	City	State	Zip Code			630.00
	Orlando	FL	32829		Transaction ID :	: SE.4264 ement or Obligation
	Purpose of Expenditure Online Marketing		Category/ Type 004			D D / Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate:	•	Support	Office	Sought: I	House District:
	Gardner, Cory , , ,		X Oppose		President 🗶	Senate State: CO
	Calendar Year-To-Date		630.00	,	sement For:	Primary 🔀 General
	Per Election for Office Sought	, ,		2020	Other (speci	ify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditure	es		. •	,	, 1380.00
	(b) SUBTOTAL of Uniternized Independent Expendit	ures		. •	,	, .
	(c) TOTAL Independent Expenditures			. •	,	,
	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized	•		•	
	Zullo, Christopher, , ,	·	_ Date	м e 10	м / D D / 15	Y Y Y Y 2019
	Signature					

TI	EMIZED INDEPENDENT EXPENDITURES	}				PAGE 12	OF 40	
N/	AME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·				4 OF FORM 3	
	OGETHER WE THRIVE				FEC II	DENTIFICATI	ON NUMBER	▼
	OCCUPATION OF THE PROPERTY OF				С	C00522458		
CI	heck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	м м <i>і</i> П	D D /	Y Y Y Y	
	Full Name of Payee		☐ Memo	Item	Date of Public	c Distribution	Dissemination	
	PinPoint WebSolutions				M M	' - 30° '	Y Y Y 2019	Y
	Mailing Address 7179 Lake Carlisle Blvd				Amount	30	2019	
	City	State	Zip Code				750.00	l
	Orlando	FL	32829		ر Transaction I Date of Disbu		•	l
	Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		^M 09 ^M	30 J	-	٧
	Name of Federal Candidate:	-	Support	Office	Sought:	≭ House	District: 01	
	Byrne, Bradley , , ,		Oppose	☐ F	President [Senate	State: AL	_
	Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburs 2020	sement For: Other (sp	Primary	Gener Gener	al
	Full Name of Payee		☐ Memo	Item	Date of Public	c Distribution/	Dissemination	
	PinPoint WebSolutions			ļ	^M 09	30	2019	٧
	Mailing Address 7179 Lake Carlisle Blvd				Amount			
	City	State	Zip Code				750.00	
	Orlando	FL	32829		Transaction Date of Disbu		• Obligation	
	Purpose of Expenditure Design, Advertising, Marketing, Research, Progra Consulting, Staffing	mming,	Category/ Type 004		M M 09			٠
	Name of Federal Candidate:		Support	Office	Sought:	¥ House	District: 02	
	Roby, Martha ,		Oppose		President [Senate	State: AL	
	Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbur 2020	sement For: Other (sp	Primary	Gener	ral
_	<u></u>			1			4500.00	
	(a) SUBTOTAL of Itemized Independent Expenditures	S	***************************************	· •	3	,	1500.00	
	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. ▶	,	,	•	
	(c) TOTAL Independent Expenditures		i	. •	,	ر .		
-	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized						
	Zullo, Christopher, , ,	<u>.</u>	_ Date	м e 10	м / р о :15	r y y 201	y y 19	
	Signature		<u> </u>	-				ł

TEMIZED INDEPENDENT EXPENDIT	URES			PAGE 13 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				r
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458
				C C00322436
Check if 24-hour report 48-hour report	ort New rep	ort Amends repo	ort filed on	м , о о у у у у
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
			'	M09 30 Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt ·
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4142 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, F Consulting, Staffing	rogramming,	Category/ Type 004	'	мм / р р / ү ү ү ү 09 30 2019
Name of Federal Candidate:		Support	Office Sough	nt: K House District: 03
Rogers, Mike , , ,		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbursemer 2020	nt For:
Full Name of Payee PinPoint WebSolutions		☐ Memo		of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	09 30 2019
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4144 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Consulting, Staffing	Programming,	Category/ Type 004		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: K House District: 04
Aderholt, Robert , , ,		Oppose	1	ent Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbursemer	_ , _ ,
			<u> </u>	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	, , , 1500.00
(b) SUBTOTAL of Unitermized Independent Ex	penditures		•	, , .
(c) TOTAL Independent Expenditures	·		>	, , .
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Zullo, Christopher, , ,		_ Date	м м / e 10	D 7. Y Y Y Y 15 2019
Signature				

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼
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· · · · · · · · · · · · · · · · · · ·	C C00522458
Check if 24-hour report 48-hour report New report Amends report filed or	M M / D J / Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
·	MO9 30 1 Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd	Amount
City State Zip Code	750.00
, 14 1	Transaction ID : SE.4146 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing Category/ Type 004	M M / D D / Y Y Y Y Y 09 30 2019
Name of Federal Candidate: Support Office S	Sought: House District: 05
Brooks, Mo , , ,	President Senate State: AL
Per Election for Office Sought 750.00 2020 p	sement For: Primary 🕱 General
, ,	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd	09 30 2019 Amount
	Amount
City State Zip Code	750.00
FL 32023	Transaction ID : SE.4148 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing Category/ Type 004	M 09
Name of Federal Candidate: Support Office S	Sought: House District: 06
Palmer, Gary , , ,	President Senate State: AL.
Calendar Year-To-Date Per Election for Office Sought Disburs 2020	sement For: Primary General General General
(a) SUBTOTAL of Itemized Independent Expenditures	, 1500.00
(b) SUBTOTAL of Uniternized Independent Expenditures	
	, , ,
(c) TOTAL Independent Expenditures	, ,
Under penalty of perjury I certify that the independent expenditures reported herein were not madwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Zullo, Christopher, , , Date 10	M / D D / Y Y Y Y Y 15 2019
Signature	

PAGE

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OF

40

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 40
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M , 1 D D 1 Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4150 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District: 07
Sewell, Terri , , ,		Oppose	Presid	dent Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburseme	ent For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd	# 5		Amo	unt .
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4152 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Category/ Type 004		M 09 30 7 2019 Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: X House District: 01
O'Halleran, Tom , , ,		Oppose	-	dent Senate State: AZ
Calendar Year-To-Date		750.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	, ,	730.00	2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	••••••		•	, , , 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	, , .
(c) TOTAL Independent Expenditures				
(c) TOTAL Independent Experiorates			•	, ,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Zullo, Christopher, , ,		_ Date	мм / e 10	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			- -	

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MIZED INDEPENDENT EXPENDITURES	•				PAGE 16	OF 4	10
					FOR LINE	24 OF FORM	1 3X
ME OF COMMITTEE (In Full)				FEC I	DENTIFICAT	ION NUMBEI	R▼
OGETHER WE THRIVE				C	C00522458	3	
ck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on M M	ו ס ס	`	Y
Full Name of Payee PinPoint WebSolutions	, , , , , , , , , , , , , , , , , , , ,	☐ Memo	Item	Date of Publi	c Distribution	Y Y Y	
Mailing Address 7179 Lake Carlisle Blvd				09 Amount	3 <u>0</u>	2019	
City	State	Zip Code				750.00)
Orlando	FL	32829		Transaction Date of Disb		•	
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004	4	M M	30 .	2019	Y
Name of Federal Candidate: Kirkpatrick, Ann , , ,		Support Oppose	Office	Sought: [✗ House Senate	District.)2 \Z
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbu 2020	ursement For:	Primar	y 🗶 Gen	пега
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Publi		n/Disseminatio	
Mailing Address 7179 Lake Carlisle Blvd				Amount			
Dity	State	Zip Code				750.00)
Orlando	FL	32829		Transaction Date of Disb			
Purpose of Expenditure Design, Advertising, Marketing, Research, Progra Consulting, Staffing	mming,	Category/ Type 004	;	M M	30	2019	Y
lame of Federal Candidate:		✗ Support	Office	e Sought:	≭ House	District:0)3
Grijalva, Raul , , ,		Oppose		President [Senate	State:A	z
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbu 2020	ursement For: Other (s	Primar pecify) ▶	y 🗶 Gen	nera
) SUBTOTAL of Itemized Independent Expenditure	s		•	,	,	1500.00	
) SUBTOTAL of Unitemized Independent Expendit	ures		. •	,	,	•	

party committee) any political party committee or its agent.

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Zullo, Christopher, , ,		M M	/ D D /	Y Y Y
Zano, Christopher, , ,	Date	10	15	2019
Signature				

TE	EMIZED INDEPENDENT EXPENDITURES		,		ļ.	PAGE 17	OF 40 OF FORM 3X
NΑ	AME OF COMMITTEE (In Full)	·			EEC ID		N NUMBER ▼
	OGETHER WE THRIVE				1		N NUMBER V
					С	C00522458	
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M /	D D /	Y Y Y Y
	Full Name of Payee		☐ Memo	Item	Date of Public	: Distribution/	Dissemination
	PinPoint WebSolutions				M M /	30 ′	y y y y 2019
	Mailing Address 7179 Lake Carlisle Blvd				Amount		
	City	State	Zip Code				750.00
	Orlando	FL	32829		Transaction II Date of Disbut		bligation
	Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type 004	,	M M /	30 ,	2019
	Name of Federal Candidate:	. •	Support	Office	Sought: 3	K House	District: 04
	Gosar, Paul , , ,		M Oppose		President [Senate	State: AZ
	Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbu 2020	rsement For: Other (sp	Primary	✗ General
	Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public		Y Y Y Y
	Mailing Address 7179 Lake Carlisle Blvd	· · · · · · · · · · · · · · · · · · ·			09 Amount	30	2019
	City	State	Zip Code		•		750.00
	Orlando	FL	32829		Transaction I	ID : SE.4160 rsement or O	bligation
	Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		. 09		2019
	Name of Federal Candidate:		Support	Office	Sought:	House I	District: 05
	Biggs, Andy , , ,		Oppose		President [Senate	State: AZ
	Calendar Year-To-Date		750.00	Disbu 2020	rsement For:	Primary	✗ General
	Per Election for Office Sought	, ,	·	2020	Other (sp	ecify) 🕨	
	(a) SUBTOTAL of Itemized Independent Expenditures			•	,	,	1500.00
	(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	,	,	
	(c) TOTAL Independent Expenditures		·	•	,		
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
	Zullo, Christopher, , ,		_ Date	м э 10	o 15	, y y 2019	y y 9
	Signature				 		

TEMIZED INDEPENDENT EXPENDITURES					PAGE 18	OF 40
NAME OF COMMITTEE (In Full)			• •	FEC ID		4 OF FORM 3X ON NUMBER ▼
TOGETHER WE THRIVE			,	C	C00522458	N NOMBER V
·						
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M /	D D 1	Y Y Y
Full Name of Payee PinPoint WebSolutions	"	☐ Memo	Item Date	e of Public	Distribution/	Dissemination
PinPoint WebSolutions				M M /	30 ′	Y Y Y Y 2019
Mailing Address 7179 Lake Carlisle Blvd			Amo	ount		
City	State	Zip Code				750.00
Orlando	FL	32829			D: SE.4162 rsement or O	bligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		09.	30	Y Y Y Y 2019
Name of Federal Candidate:		Support	Office Sou	ght:	≭ House	District: 06
Schweikert, David , , ,		Oppose	Pres	ident	Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought	y y	750.00	Disbursem	ent For: Other (sp	Primary	✗ General
Full Name of Payee		☐ Memo	Item Date	of Public	: Distribution/l	Dissemination
PinPoint WebSolutions				M M /	30 /	Y Y Y Y 2019
Mailing Address 7179 Lake Carlisle Blvd	,, <u>.</u>		Amo		. 50	
City	State	Zip Code		_		750.00
Ortando	FL	32829			ID: SE.4164 rsement or O	bligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		M M /		-
Name of Federal Candidate:	·	✗ Support	Office Sou	ght:	⊀ House	District: 07
Gallego, Ruben , , ,		Oppose	Pres	ident [Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbursem		Primary	✗ General
	<u> </u>		<u> </u>	Other (sp	lecity) -	
(a) SUBTOTAL of Itemized Independent Expenditures	i		•	,	,	1500.00
(b) SUBTOTAL of Uniternized Independent Expenditu	res		•	,	,	.•
(c) TOTAL Independent Expenditures			•		,	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		•		
Zullo, Christopher, , ,		Date	м м э 10	/ D D	/ Y Y 201	y y 9
Signature		_				

					FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Т	OGETHER WE THRIVE				C C00522458
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M , D J Y Y Y Y
	Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
					M 09
	Mailing Address 7179 Lake Carlisle Blvd				Amount
	City	State	Zip Code		750.00
	Orlando	FL	32829		Transaction ID : SE.4166 Date of Disbursement or Obligation
i	Purpose of Expenditure Design, Advertising, Marketing, Research, Programm Consulting, Staffing	ning,	Category/ Type 004	ļ	M M / D D / Y Y Y Y Y 09 30 2019
	Name of Federal Candidate:		Support	Office	Sought: X House District: 08
	Lesko, Debbie , , ,		✓ Oppose		President Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbu 2020	ursement For: Primary General
				Ь.,	Other (specify) -
	Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 7179 Lake Carlisle Blvd		<u> </u>		Amount
	City	State	Zip Code		182.88
	Orlando	FL	32829		Transaction ID : SE.4168 Date of Disbursement or Obligation
	Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate:		✗ Support	Office	e Sought: 🕱 House District: 09
	Stanton, Greg , , ,		Oppose		President Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought		182.88	Disbu 2020	ursement For: Primary 🕱 General
	Tor Election for Chief Galgin	, ,	• •	L	U Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures			. ▶	, 932 <u>.</u> 88
	(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	, ,
	(c) TOTAL Independent Expenditures		· · · · · · · · · · · · · · · · · · ·	•	, , .
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
	Zullo, Christopher, , ,		_ Date	м е 1	M / D / Y Y Y Y O .
	Signature				

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OF

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				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
		·		MO9 30 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4170 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M M / D / Y Y Y Y O9 30 2019
Name of Federal Candidate:		Support	Office	Sought: House District: 01
Carter, Earl , , ,			l	President Senate State: GA
Calendar Year-To-Date	•		Disbui	rsement For: Primary 🕱 General
Per Election for Office Sought	, ,	750.00	2020	Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
	 			09 30 Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4172 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 10
Hice, Jody , , ,		✗ Oppose		President Senate State: GA
Calendar Year-To-Date		750.00		rsement For: Primary & General
Per Election for Office Sought	, ,		2020	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	, , , 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	, , ,
(c) TOTAL Independent Expenditures			. •	, ,
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , , Signature		_ Date	e 10) 15 2019
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PAGE 20

OF

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-						FOR LINE	24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)				EEC		ION NUMBER ▼
T	OGETHER WE THRIVE				FEC	IDENTIFICAL	ION NOMBER V
					C	C00522458	3
Ch	eck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on M M	1 D D 1	Y Y Y Y
7	Full Name of Payee		☐ Memo	Item	Date of Pub	lic Distribution	n/Dissemination
	PinPoint WebSolutions		_ Miento	item:		30	
	Mailing Address 7179 Lake Carlisle Blvd				Amount		
ŀ	City	State	Zip Code				750.00
ļ	Orlando	FL	32829		1	n ID : SE.4174 oursement or	•
	Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004	1			Y Y Y Y 2019
1	Name of Federal Candidate:	:	Support	Office	e Sought:	✗ House	District: 11
	Loudermilk, Barry , , ,	<u> </u>	▼ Oppose		President	Senate	State: GA
	Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbu 2020	ursement For:	<u> </u>	y 🗶 General
ŀ		, ,		L		specify) ▶	
	Full Name of Payee PinPoint WebSolutions		☐ Memo	item	M M	lic Distribution	n/Dissemination
- }	Mailing Address 7470 Lake Codials Blud				09	30	2019
•	7179 Lake Carlisle Blvd				Amount		
Ī	City	State	Zip Code				750.00
	Orlando	FL	32829			n ID : SE.4176 oursement or	
	Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		, M M	, _D 30 ,	2019
Ì	Name of Federal Candidate:		Support	Office	e Sought:	≭ House	District: 12
	Allen, Rick , , ,		Oppose		President	Senate	State: GA
	Calendar Year-To-Date		750.00	•	ursement For:	Primar	y 🗶 General
	Per Election for Office Sought	, ,	730.00	2020	Other (specify) 🕨	
	(a) SUBTOTAL of Itemized Independent Expenditures)		•	,	,	1500.00
	(b) SUBTOTAL of Uniternized Independent Expenditu	res		•	, ,	,	•
	(c) TOTAL Independent Expenditures			. •	,	,	
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
	Zullo, Christopher, , ,		Date	м e 1	м / в 0 15	0 / Y Y 20	, , 19 ,
	Signature			-	,		
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NAME OF COMMITTEE (In Full)				FFC	<u></u>	····
TOGETHER WE THRIVE				FEC	IDENTIFICATI	ON NUMBER ▼
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Full Name of Payee		☐ Memo	Item	Date of Publ	ic Distribution	/Dissemination
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Mailing Address 7179 Lake Carlisle Blvd		······································		Amount		2010
	·			Amount		
City	State	Zip Code)	750.00
Orlando	FL	32829			ID: SE.4178 oursement or (Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type 004	ļ	M M 09	30	2019
Name of Federal Candidate:	 	✗ Support	Office	e Sought:	≭ House	District: 13
Scott, David , , ,		Oppose		President	Senate	State: GA
Calendar Year-To-Date			ſ	ursement For:	Primar	/ ✗ General
Per Election for Office Sought	, ,	750.00 .	2020	Other (s	specify) ►	
Full Name of Payee		☐ Memo	Item -	Date of Publ	ic Distribution	/Dissemination
PinPoint WebSolutions	•			″o9 [™]	′ ^D 30 ^D ′	2019
Mailing Address 7179 Lake Carlisle Blvd				Amount		
City	State	Zip Code				750.00
Orlando	FL	32829			í ID : SE.4180 Jursement or (
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		^M 09 ^M	30°.	y y y y y 2019
Name of Federal Candidate:	1	Support	Office	e Sought:	≭ House	District: 14
Graves, Tom , , ,		✗ Oppose		President	Senate	State: GA
Calendar Year-To-Date			Disb	ursement For:	Primar	y K General
Per Election for Office Sought	, ,	750.00	2020	Other (s	specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures			. •		,	1500.00
(b) SUBTOTAL of Uniternized Independent Expenditu	res		• •	,	,	•
(c) TOTAL Independent Expenditures			• •	,	,	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize					
Zullo, Christopher, , ,		Date	, M ∋ 1	0 15	o , y y 20	19 Y
Signature						

TEMIZED INDEPENDENT EXPENDITURES			•	PAGE 23 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	 	······································		FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE] _
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D / Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item D	ate of Public Distribution/Dissemination
THE ONE VERSOLUTIONS				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code		750.00
Orlando	FL	32829	1 '	ransaction ID : SE.4182 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M M / D D / Y Y Y Y Y 09 30 2019
Name of Federal Candidate:		✗ Support	Office S	ought: X House District: 02
Bishop Jr., Sanford , , ,		Oppose	Pr	esident Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburse 2020	ement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code		750.00
Orlando	FL	32829		Fransaction ID : SE.4184 Pate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type 004	•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	ought: X House District: 03
Ferguson, Drew , , ,		X Oppose	Pr	resident Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburse 2020	ement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		*	, 1500.00
(b) SUBTOTAL of Uniternized Independent Expenditu	ires		•	, , .
(c) TOTAL Independent Expenditures			•	, , .
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were committee or agent of	not made of either, o	e in cooperation, consultation, or concert or (if the reporting entity is not a political
Zullo, Christopher, , .		Date	м м : 10	. 15 2019
Signature			_	

EMIZED INDEPENDENT EXPENDITURES				 	PAGE 24 OF	
IAME OF COMMITTEE (In Full)				 	OR LINE 24 OF	
TOGETHER WE THRIVE			•	FEC IDE	ENTIFICATION N	UMBER ▼
, , , , , , , , , , , , , , , , , , ,		·		С	C00522458	
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Full Name of Payee		☐ Memo	Item	Date of Public	Distribution/Disse	mination
PinPoint WebSolutions				₩ M /	⁰ 30 ⁰ / Y	y y y 2019
Mailing Address 7179 Lake Carlisle Blvd				Amount		
City	State	Zip Code			_	750.00
Orlando	FL	32829		Transaction IE): SE.4186 sement or Obligat	ion
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M M / 09	30 ' Y	2019 Y
Name of Federal Candidate:		✗ Support	Office	Sought:	House Distric	t:04
Johnson, Hank , , ,	·	Oppose		President	Senate Stat	e: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbu 2020	rsement For:		General
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public	Distribution/Disse	
Mailing Address 7179 Lake Carlisle Blvd	· · · · · · · · · · · · · · · · · · ·			09 Amount	30 ' Y	2019
City	State	Zip Code		_	_	750.00
Orlando	FL	32829	·	Transaction II Date of Disburg	D : SE.4188 sement or Obligat	ion
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type 004		M M /	^D 30	Ž019 Ý
Name of Federal Candidate:	5 · · · · ·	Support	Office	Sought:	House Distric	ot:05
Lewis, John , , ,		Oppose	İ	President	J	C4
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbu 2020	rsement For: [Primary Decify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures				,	, 15	00.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires	•••••	•	,	,	
(c) TOTAL Independent Expenditures			•	,	,	
Under penalty of perjury I certify that the independ- with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
Zullo, Christopher, , ,		Date	M ∋ 1(м / ^D D	/ Y Y Y Y Y 2019	
Signature						

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 40
NAME OF COMMITTEE (In Full)		-		FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y
Full Name of Payee		☐ Merno	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions			ILOM	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	ount .
City	State	Zip Code		750.00
Orlando	FL	32829	_	nsaction ID : SE.4190 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 06
McBath, Lucy , , , ·		Oppose	Pres	ident Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	1 1	750.00	Disburseme 2020	ent For: Primary 🗶 General Other (specify) 🕨
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	e of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City	State	Zip Code		750.00
Orlando	FL	32829		insaction ID : SE.4192 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: X House District: 07
Woodall, Rob ,		X Oppose	Pres	ident Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburseme 2020	ent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. •	, , , 1500.00
(b) SUBTOTAL of Unitermized Independent Expenditu	res		• •	, , .
(c) TOTAL Independent Expenditures			· •	, , ,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,		_ Date	м м ∋ 10	15 2019
Signature				

TEMIZED INDEPENDENT EXPENDITURES			٠		PAGE 26	OF 40 4 OF FORM 3X
NAME OF COMMITTEE (In Full)	·	· · · · · · · · · · · · · · · · · · ·		TEC II		ON NUMBER ▼
TOGETHER WE THRIVE						ON NUMBER V
				C	C00522458	
Check if24-hour report48-hour report	New rep	ort Amends repo	ort filed o	M M /	ו ס פ	Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Publi	c Distribution/	Dissemination
PinPoint WebSolutions	·			M M	['] 30 ^D '	Y Y Y Y 2019
Mailing Address 7179 Lake Carlisle Blvd				Amount		
City	State	Zip Code		_	_	750.00
Orlando	FL	32829		Transaction Date of Disbu	ID: SE.4194 ursement or C	bligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004	,	M M	30	Y Y Y Y 2019
Name of Federal Candidate:		Support	Office	Sought:	≭ House	District: 08
Scott, Austin , , ,	···			President [Senate	State: GA
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburs 2020	sement For: Other (s	Primary	✗ General
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	мм	c Distribution/	
Mailing Address 7179 Lake Carlisle Blvd				09 Amount	30	2018
City	State	Zip Code				750.00
Orlando	FL	32829			ID: SE.4196 ursement or C	bligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004			′ ^D 30 ′	Y Y Y Y Y 2019
Name of Federal Candidate:		Support	Office	Sought:	¥ House	District: 09
Collins, Doug , , ,		X Oppose	1	٠ ,	Senate	State: GA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbure 2020	sement For:	Primary	✗ General
T of Elocitor for Cines Googni	, ,	•		Other (s	pecify) 🕨	
(a) SUBTOTAL of Itemized Independent Expenditures	i		•		,	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res	·	•	, ·		•
(c) TOTAL Independent Expenditures		·	•	,	,	•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Zullo, Christopher, , ,		_ Date	M ∋ 10	м / D D 15	/ Y Y 201	9 Y
Signature						

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 27 OF 40 FOR LINE 24 OF FORM	
NA	ME OF COMMITTEE (In Full)			· · · · · · · · · · · · · · · · · · ·	FEC IDENTIFICATION NUMBER	\dashv
	OGETHER WE THRIVE					1
					C C00522458	
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M M / D D / Y Y Y	'
	Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination	
	PinPoint WebSolutions			:	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	٧
	Mailing Address 7179 Lake Carlisle Blvd					ŀ
				Amo	ount	
	City	State	Zip Code		750.00	
	Orlando	FL	32829		nsaction ID : SE.4198 e of Disbursement or Obligation	ļ
	Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
	Name of Federal Candidate:		✗ Support	Office Sou	ight: 🗶 House District: 01	$=$ \mathbb{I}
	Finkenauer, Abby , , ,		Oppose	Pres	sident Senate State: 1A	_
	Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbursemo	ent For: Primary Gene Other (specify) ▶	ral
	Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination	
	PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
	Mailing Address		· · · · · · · · · · · · · · · · · · ·		09 30 2019	
	7179 Lake Carlisle Blvd			Amo	ount	
	City	State	Zip Code		750.00	
	Orlando	FL	. 32829		nsaction ID : SE.4200	
	Purpose of Expenditure		Catanani	Date	e of Disbursement or Obligation	ιl
	Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		09 30 2019	
	Name of Federal Candidate:		🗶 Support	Office Sou	ight: X House District: 02	_
	Loebsack, Dave , , ,		Oppose	Pres	sident Senate State: IA	
	Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburseme 2020	ent For: Primary 🕱 Gene Other (specify) ▶	ral
	(a) SUBTOTAL of Itemized Independent Expenditures			•	, , 1500.00	
	(b) SUBTOTAL of Uniternized Independent Expenditu	res		•	, , ,	
	(c) TOTAL Independent Expenditures			•	, ,	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized				
	Zulla Christanhar			M M	, D D , Y Y Y Y	
	Zullo, Christopher, , ,		_ Date	10"	15 2019	
	Signature					

TEMIZED INDEPENDENT EXPENDITURE	S			PAGE 28 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	м м / р р. / у у у у on
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
				09 30 Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			·	Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4202 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograi Consulting, Staffing	mming,	Category/ Type 004	,	M M / D / Y Y Y Y 9 09 30 . 2019
Name of Federal Candidate:		≭ Support	Office	Sought: Nouse District: 03
Axne, Cindy , , ,		Oppose		President Senate State: 1A
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbu 2020	ursement For: Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4204 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progra Consulting, Staffing	amming,	Category/ Type 004		M M / D D / Y Y 2019
Name of Federal Candidate:		Support	Office	Sought: X House District: 04
King, Steve , , ,		Ø Oppose		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbu 2020	ursement For: Primary 🕱 General
	1 1		<u> </u>	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	98		. •	, 1500.00
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(c) TOTAL Independent Expenditures			. •	, , ,
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candiparty committee) any political party committee or it	date or authorized	reported herein were committee or agent of	not ma	ade in cooperation, consultation, or concert or, or (if the reporting entity is not a political
Zullo, Christopher, , ,		Date	м э 1	M / D D / Y Y Y Y O 15 2019
Signature		_ Date	•	

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N	AME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
	OGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
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	Full Name of Payee	· · · · · · · · · · · · · · · · · · ·	☐ Memo	Item	Date of Public Distribution/Dissemination
	PinPoint WebSolutions				M M / D D / Y Y Y Y O O O O O O O O O O O O O O O
	Mailing Address 7179 Lake Carlisle Blvd				Amount
	City	State	Zip Code		750.00
	Orlando	FL	32829		Transaction ID : SE.4206 Date of Disbursement or Obligation
	Purpose of Expenditure Design, Advertising, Marketing, Research, Programm Consulting, Staffing	ning,	Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate:		Support	Office	Sought: House District: 01
	Marshall, Roger , , ,		Oppose		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	, ,	750,00	Disbur 2020	sement For: Primary General Other (specify) ▶
	Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
	PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 7179 Lake Carlisle Blvd				Amount
	City	State	Zip Code		750.00
	Orlando	FL	32829		Transaction ID : SE.4208 Date of Disbursement or Obligation
	Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		09 30 Y Y Y Y Y Y
	Name of Federal Candidate:		Support	Office	Sought: House District: 02
	Watkins, Steve		Oppose		President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbur 2020	sement For: Primary General Other (specify) ▶
_	<u> </u>				
	(a) SUBTOTAL of Itemized Independent Expenditures			•	, 1500.00
	(b) SUBTOTAL of Unitermized Independent Expenditure	es		• •	, ,
	(a) TOTAL ladenandes) Funerditures				
	(c) TOTAL Independent Expenditures		••••••	•	, , ,
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its	te or authorized			
	Zullo, Christopher, , ,		Date	м э 10	м , о о , у у у у 15 2019
	Signature	•			•

TEMIZED INDEPENDENT EXPENDITURES				PAGE 30 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·			
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4210 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: 🗶 House District: 03
Davids, Sharice , , ,		Oppose	Presi	dent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburseme	ent For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4213
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type 004		M 09 / 30 / Y 2019
Name of Federal Candidate:		Support	Office Sou	ght: House District: 04
Estes, Ron		Oppose	Presi	ident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburseme 2020	ent For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		>	, 1500.00
(b) SUBTOTAL of Uniternized Independent Expenditu	res		•	, ,
(c) TOTAL Independent Expenditures			•	, ,
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were committee or agent of	not made in of either, or (cooperation, consultation, or concert if the reporting entity is not a political
Zullo, Christopher, , ,		Date	M M e 10	1 D
Signature		_ 5410		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 31 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				""
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	MMIDIYYYY On
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		· 750.00
Orlando	FL	32829		Transaction ID : SE.4215 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M M / D D / Y Y Y Y Y Y O9 30 2019
Name of Federal Candidate:		Support	Office	Sought: House District: 01
Comer Jr., James , , ,		Oppose		President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbur 2020	rsement For: Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	. 32829		Transaction ID : SE.4217 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District: 02
Guthrie, Brett , , ,				President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbur 2020	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	.			1500.00
(-)				, ,
(b) SUBTOTAL of Uniternized Independent Expenditu	res		• •	, , , .
(c) TOTAL Independent Expenditures				, , , ·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ent expenditures ate or authorized		not ma	
Zullo, Christopher, , ,		Date	м e 10	M / D D / Y Y Y Y) 15 2019
Signature				

- LINELD INDEX ENDERT EXPENDITORIES					FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full)				SEC I	<u> </u>	ON NUMBER ▼
TOGETHER WE THRIVE						JN NOMBER V
	·			С	C00522458	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed	on M M	1001	Y Y Y
Full Name of Payee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Memo	Item	Date of Publ	ic Distribution/	Dissemination
PinPoint WebSolutions				M M	′ ^D 30 ^D ′	Y Y Y Y 2019
Mailing Address 7179 Lake Carlisle Blvd	,			Amount		2070
City	State	Zip Code				750.00
Orlando	FL	32829			ID: SE.4219 ursement or C	•
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004	•		1 p p 1 30	_
Name of Federal Candidate:		✗ Support	Office	Sought:	≭ House	District: 03
Yarmuth, John A. , , ,		Oppose		President	Senate	State: KY
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbu 2020	rsement For:	Primary	✗ General
	3	<u> </u>	<u> </u>		pecify)	
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	M M	ic Distribution/	v v v v
Mailing Address				09	30	2019
7179 Lake Carlisle Blvd				Amount		
City	State	Zip Code				750.00
Orlando '	FL	32829			ID : SE.4221 ursement or C	bligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004			, D 30 ,	
Name of Federal Candidate:		Support	Office	Sought:	≭ House	District: 04
Massie, Thomas , , ,		Oppose		President	Senate	State: KY
Calendar Year-To-Date		750.00	1	rsement For:	Primary	✗ General
Per Election for Office Sought	1 1		2020	Other (s	pecify) 🕨	
						4500.00
(a) SUBTOTAL of Itemized Independent Expenditures	·	•••••	. ▶	3	,	1500.00
(b) SUBTOTAL of Uniternized Independent Expenditu	res		. •			
			•	,	,	•
(c) TOTAL Independent Expenditures			• •	,	,	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize	s reported herein were d committee or agent	not ma	ade in cooperar, or (if the re	ation, consulta porting entity i	tion, or concert s not a political
Zullo, Christopher, , ,		Date	м e 10	M / D 0	, , y y 201	ў ў 9
Signature			- '			

TEMIZED INDEPENDENT EXPENDITURES	,				PAGE 33 OF 40
NAME OF COMMITTEE (In Full)				1	FOR LINE-24 OF FORM 3X
TOGETHER WE THRIVE		Λ.		FEC II	DENTIFICATION NUMBER ▼
•				C	C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M M /	D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item [Date of Public	c Distribution/Dissemination
PinPoint WebSolutions		·		M M	, D D , Y Y Y Y Y Y 2019
Mailing Address 7179 Lake Carlisle Blvd			,	Amount	·
City	State	Zip Code		_	750.00
Orlando	FL	32829		Transaction Date of Disbu	ID : SE.4223 ursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ıming,	Category/ Type 004	,	M M •	
Name of Federal Candidate:		Support	Office S	Sought:	¥ House District:05
Rogers, Hal , , ,		✗ Oppose	P	resident	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	, , ,	750.00	Disburs 2020	ement For: Other (sp	
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item C		c Distribution/Dissemination
Mailing Address				[™] 09 [™]	′ 30 ′ ¥ 2019 ¥
Mailing Address 7179 Lake Carlisle Blvd			4	Amount	
City	State	Zip Code			750.00
Orlando	FL	32829			ID : SE.4225 ursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type 004		09	30 Y 2019
Name of Federal Candidate:		Support	Office S	Sought:	House District: 06
Barr, Andy , , ,		X Oppose	P	resident	Senate State: KY
Calendar Year-To-Date		750.00	Disburs	ement For:	Primary General
Per Election for Office Sought	1 1	•	2020	Other (sp	pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	· S				1500.00
				3	, .
(b) SUBTOTAL of Uniternized Independent Expenditu	ıres		• •	,	,
(c) TOTAL Independent Expenditures		·	•	,	, .
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized				
Zullo, Christopher, , ,		Date	, M 10	15	/ Y Y Y Y 2019
Signature					

TE	EMIZED INDEPENDENT EXPENDITURES				-	PAGE 34 FOR LINE 24 0	OF 40 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·		FEC ID	ENTIFICATION	NUMBER ▼
T	OGETHER WE THRIVE	·			C	C00522458	NoBER V
 Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M /	7 J G G	Y Y Y
	Full Name of Payee		☐ Memo	Item	Date of Public	Distribution/Dis	semination
	PinPoint WebSolutions		- Mienio	itesii		30 /	
	Mailing Address 7179 Lake Carlisle Blvd				Amount		
	City	State	Zip Code			•	750.00
	Orlando	FL	32829		Transaction II Date of Disbut	D: SE.4227 rsement or Obli	gation
	Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type 004		M M /	30	2019 Y
- {	Name of Federal Candidate:		Support	Office	Sought:	House Dis	strict: 01
	Scalise, Steve,,,	·····································	▼ Oppose		President [Senate S	tate: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	750.00	Disbu 2020	rsement For: Other (sp	Primary ecify) ▶	✗ General
-	Full Name of Payee		☐ Memo	Item	Date of Public	Distribution/Dis	semination
	PinPoint WebSolutions				M M /	30 ′	, Y Y Y
	Mailing Address 7179 Lake Carlisle Blvd				Amount	30	2019
	City	State	Zip Code				750.00
	Orlando	FL	32829		Transaction (ID : SE.4229 rsement or Obli	gation
	Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		M M /	30 .	Ž019
	Name of Federal Candidate:		Support	Office	Sought:	House Dis	strict: 02
	Richmond, Cedric , , ,		Oppose	·	President [Senate S	state: <u>LA</u>
	Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbu 2020	rsement For:	Primary	✗ General
				<u> </u>	Other (sp	lecity) 🚩	
	(a) SUBTOTAL of Itemized Independent Expenditures			•	. ,		1500.00
	(b) SUBTOTAL of Uniternized Independent Expenditure	res		•	. ,	,	•
						•	· · ·
	(c) TOTAL Independent Expenditures	••••••••••		• •	,	,	-
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were committee or agent (not ma	ade in cooperat r, or (if the repo	tion, consultation orting entity is r	n, or concert lot a political
	Zullo, Christopher, , .		Date	. м э 10	м / D D 0 15	, y y y y 2019	ν .
	Signature		_]

FEMIZED INDEPENDENT EXPENDITURES				•	PAGE 35	OF 40
NAME OF COMMITTEE (In Full)	·			EEC I		4 OF FORM 3X ON NUMBER ▼
TOGETHER WE THRIVE						JN NUMBER V
				C	C00522458	
Check if 24-hour report 48-hour report	New rej	port Amends repo	ort filed on	м м	ו ס ס ו	Y Y Y Y
Full Name of Payee		☐ Memo	Item Dat	e of Publ	ic Distribution/	Dissemination
PinPoint WebSolutions				™ 09 ^M	, D 30 ,	y y y y 2019
Mailing Address 7179 Lake Carlisle Blvd			Am	ount		
City	State	Zip Code				750.00
Orlando	FL	32829			ID: SE.4231 ursement or C	Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004			30	Y Y Y Y 2019
Name of Federal Candidate:		Support	Office Sou	ight:	≭ House	District: 03
Higgins, Clay , , ,			Pres	ident	Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	,	750.00	Disbursem		Primary	✗ General
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Dat	e of Publ	ic Distribution/	Dissemination Y Y Y Y Y 2019
Mailing Address 7179 Lake Carlisle Blvd			Am	ount	30	2019
City	State	Zip Code				750.00
Orlando	FL	32829			ID: SE.4233 ursement or C)hligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004			30 °	I
Name of Federal Candidate:		Support	Office Sou	ight:	≭ House	District: 04
Johnson, Mike , , ,		X Oppose	Pres	sident	Senate	State:LA
Calendar Year-To-Date		750.00	Disbursem	ent For:	Primary	✗ General
Per Election for Office Sought	, ,		2020	Other (s	pecify) >	
(a) SUBTOTAL of Itemized Independent Expenditures	· •		. ▶	,	,	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	,	,	
(c) TOTAL Independent Expenditures			• •	,	,	. 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorize					
Zullo, Christopher, , ,		Date	м м e 10	1 15	. / Y Y 201	, , , , , , , , , , , , , , , , , , ,
Signature		·		<u></u>		

TEMIZED INDEPENDENT EXPENDITURES	3				PAGE 36	OF 40
NAME OF COMMITTEE (In Full)						4 OF FORM 3X
TOGETHER WE THRIVE						ON NUMBER ▼
				С	C00522458	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed o	M M A	ים סי	Y Y Y Y
Full Name of Payee		·	Item	Date of Publi	c Distribution/	Dissemination
PinPoint WebSolutions				^M 09 ^M	′ ^D 30 ^D ′	Y Y Y Y 2019
Mailing Address 7179 Lake Carlisle Blvd				Amount		
City	State	Zip Code			•	750.00
Orlando	FL	32829			ID : SE.4235 ursement or C	bligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		^M 09 ^M		
Name of Federal Candidate:		Support	Office	Sought:	≭ House	District: 05
Abraham, Ralph , , ,		Ø Oppose		President [Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	, · ,	750.00	Disburs 2020	sement For: Other (s	Primary	✗ General
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Publi	ic Distribution/	Dissemination
				M 09 M	′ b30° ′	2019
Mailing Address 7179 Lake Carlisle Blvd	'			Amount		
City	State	Zip Code				750.00
Orlando	FL	32829			ID : SE.4237 ursement or C	bligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progra Consulting, Staffing	mming,	Category/ Type 004		^M 09		2019
Name of Federal Candidate:		Support	Office	Sought:	X House	District: 06
Graves, Garret , , ,		X Oppose	1		Senate	State: LA
Calendar Year-To-Date		750.00	T .	sement For:	Primary	≭ General
Per Election for Office Sought	, ,	750.00	2020	Other (s	pecify) 🕨	
					5	
(a) SUBTOTAL of Itemized Independent Expenditure	S		. ▶	5	,	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures	•••••	. •			
	•			,	,	•
(c) TOTAL Independent Expenditures			• •	,	,	•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize					
Zullo, Christopher, , ,		· P 4	M 10	м / b о	/ y y 201	Y Y.
Signature		Date	e 10	13	201	•
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TEMIZED INDEPENDENT EXPENDITURE	S			PAGE 37 OF 40		
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·			FOR LINE 24 OF FORM 3X		
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼		
				C C00522458		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 7179 Lake Carlisle Blvd			Amou			
City	State	Zip Code		750.00		
Orlando	FL	32829		saction ID : SE.4239 of Disbursement or Obligation		
Purpose of Expenditure Design, Advertising, Marketing, Research, Progra Consulting, Staffing	mming,	Category/ Type 004	ı	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		Support	Office Soug	ght: 🗶 House District: 01		
Steil, Bryan , , ,		Oppose	Presid	dent Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburseme	ent For: ☐ Primary 🗷 General Other (specify) ▶		
Full Name of Payee		☐ Memo	Item Date	Date of Public Distribution/Dissemination		
PinPoint WebSolutions				09 30 Y Y Y Y		
Mailing Address 7179 Lake Carlisle Blvd			Amoi			
City	State	Zip Code		750.00		
Orlando	FL	32829		nsaction ID : SE.4241		
Purpose of Expenditure Design, Advertising, Marketing, Research, Progr Consulting, Staffing	amming,	Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		Support	Office Soug	ght: 🕱 House District: 02		
Pocan, Mark , , ,	•	Oppose	Presid	dent Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disburseme	ent For: ☐ Primary 🕱 General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditur	es		'	, 1500.00		
(b) SUBTOTAL of Unitemized Independent Expendent	tures		→ ,	, , ,		
(c) TOTAL Independent Expenditures			. •	, , .		
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized					
Zullo, Christopher, , ,	21002	Date	א א י e 10	, D , Y Y Y Y Y Y Y 15 2019		
Signature						

FEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
			•	C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	M M / D D / Y Y Y On
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carliste Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4243 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M M / D D / Y Y Y Y O O O O O O O O O O O O O O O
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 03
James , Ronald , , ,		Oppose		President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	j j	750.00	Disbu 2020	rsement For: Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y O9 30 2019
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4245 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Category/ Type 004		09 30 Y Y Y Y
Name of Federal Candidate:	******	Support	Office	Sought: House District: 04
Moore, Gwen , , ,		Oppose		President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbu 2020	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·		•	, , 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	, ,
(c) TOTAL Independent Expenditures			•	, ,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,		Date	, M e 1	M / D D / Y Y Y Y O 15 2019
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 40		
NAME OF COMMITTEE (In Full)			······································	FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼		
TOGETHER WE THRIVE	•			C C00522458		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y 'Y		
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination		
Maille of Address	· · · · · · · · · · · · · · · · · · ·			M 09 30 Y Y Y Y Y Y Y		
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt		
City	State	Zip Code		750.00		
Orlando	FL	32829		saction ID : SE.4247 of Disbursement or Obligation		
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		09 30 Y Y Y Y		
Name of Federal Candidate:		Support	Office Sough	nt: 🗶 House District: 05		
Sense, F. James , , ,		✗ Oppose	Presid			
Calendar Year-To-Date Per Election for Office Sought	j j	750.00	Disbursemer	nt For: Primary General Other (specify) ▶		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
PinPoint WebSolutions		,	,	M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O		
Mailing Address 7179 Lake Carlisle Blvd			Amou			
City	State	Zip Code		750.00		
Orlando	FL	32829		saction ID : SE 4249 of Disbursement or Obligation		
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type 004		09 30 Y 2019		
Name of Federal Candidate:		Support	Office Sough	nt: 🗶 House District: 06		
Grothman, Glenn , , ,		Coppose .	Presid	ent Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursemer	<u> </u>		
	, ,			Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	, 1500.00		
(b) SUBTOTAL of Uniternized Independent Expenditu	ıres		•	, ,		
(c) TOTAL Independent Expenditures			•	, ,		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		•		
Zullo, Christopher, , ,		Data	мм/ e 10	15 2019		
Signature		_ Date	, 10			

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 40 FOR LINE 24 OF FORM 3X		
N/	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
T	OGETHER WE THRIVE						
					C C00522458		
Cr	neck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	MMIDIYYYY on .		
_	Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination		
	PinPoint WebSolutions		•		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 7179 Lake Carlisle Blvd				09 30 2019		
	7 17 9 Lake Calliste Blv0				Amount		
	City	State	Zip Code		750.00		
	Orlando	FL	32829		Transaction ID : SE.4251		
	Purpose of Expenditure				Date of Disbursement or Obligation		
	Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type 004		09 30 2019		
	Name of Federal Candidate:		Support	Office	Sought: 🗶 House District: 08		
	Gallagher, Mike , , ,				President Senate State: WI		
	Calendar Year-To-Date			Disbu	rsement For: Primary 🗶 General		
	Per Election for Office Sought	, ,	750.00	2020	Other (specify)		
	Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination		
	PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 7470 Lake Cadiata Blad				09 30 2019		
	7179 Lake Carlisle Blvd	•			Amount		
	City	State	Zip Code	-	750.00		
	Orlando	FL	32829	.	Transaction ID : SE.4253		
	Purpose of Expenditure	<u> </u>			Date of Disbursement or Obligation		
	Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/ Type		09 30 Y 2019		
	Name of Federal Candidate:	-	🗶 Support	Office	Sought: House District:		
	Jones, Doug, , ,	•	Oppose		President Senate State: AL		
	Calendar Year-To-Date		750.00	1	rsement For: Primary 🕱 General		
	Per Election for Office Sought	, ,	750.00	2020	Other (specify) >		
	(a) SUBTOTAL of Itemized Independent Expenditures	·			, 1500.00		
		•					
	(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	, ,		
	·						
	(c) TOTAL Independent Expenditures	•••••		. ▶	, 45812.88		
					· · · · · · · · · · · · · · · · · · ·		
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
	Zullo, Christopher, , ,		- .	_ M	M		
	Signature		_ Date	e 10	0 15 2019		

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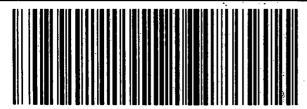
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(3/2015)